

Town of Newstead- Town Hall
5 Clarence Center Rd
Akron, NY 14001

TOWN HALL
BUILDING USE REQUEST FORM

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Date and Time of Use: _____

Type of Activity Planned: _____

Number of Persons Expected: _____

Check Areas Which Will Be Needed:

_____ Conference Room _____ Court Room

Signature of Person Making Request: _____

Date Submitted: _____

It is necessary to make your request at least 2 weeks prior to usage. All necessary clean-up will be the responsibility of the requesting organization.

Request Approved By: _____

Date Approved: _____

*You will receive a signed approval of this form for your records prior to the date requested.